

SERFF Tracking Number:	NAVG-125256459	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	AR-PC-07-025945
Company Tracking Number:	TRIA-F-807-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1006 Directors & Officers Liability
Product Name:	TRIA Disclosure Notices		
Project Name/Number:	TRIA Disclosure Notices/TRIA-F-807-AR		

Filing at a Glance

Company: Navigators Insurance Company

Product Name: TRIA Disclosure Notices

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1006 Directors & Officers Liability

Filing Type: Form

SERFF Tr Num: NAVG-125256459 State: Arkansas

SERFF Status: Closed

Co Tr Num: TRIA-F-807-AR

Co Status:

Author: Orlando Moreno

Date Submitted: 08/29/2007

State Tr Num: AR-PC-07-025945

State Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 08/31/2007

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: TRIA Disclosure Notices

Project Number: TRIA-F-807-AR

Reference Organization:

Reference Title:

Filing Status Changed: 08/31/2007

State Status Changed: 08/30/2007

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing consisting of TRIA disclosure notices NAV-DO-TERRA (10/03) and NAV-DO-TERRD (10/03). Please see cover letter for details.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Orlando Moreno, Compliance Analyst

1375 E. WOODFIELD RD.

SCHAUMBURG, IL 60173

omoreno@navg.com

(847) 285-9006 [Phone]

(847) 230-1934[FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>NAVG-125256459</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025945</i>
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Navigators Insurance Company	CoCode: 42307	State of Domicile: New York
1375 E. Woodfield Rd.	Group Code: 510	Company Type: P&C
Schaumburg, IL 60173	Group Name: Navigators Group, Inc.	State ID Number:
(847) 285-9006 ext. [Phone]	FEIN Number: 13-3138390	

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Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/31/2007	08/31/2007

<i>SERFF Tracking Number:</i>	<i>NAVG-125256459</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>TRIA Disclosure Notices</i>		
<i>Project Name/Number:</i>	<i>TRIA Disclosure Notices/TRIA-F-807-AR</i>		

Disposition

Disposition Date: 08/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NAVIG-125256459</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025945</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: NAVG-125256459 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: AR-PC-07-025945

Company Tracking Number: TRIA-F-807-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability

Product Name: TRIA Disclosure Notices

Project Name/Number: TRIA Disclosure Notices/TRIA-F-807-AR

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Terrorism Insurance Coverage	NAV-DO-TERRA (10/03)	10/03	Disclosure/ New Notice		0.00	TRIA Disclosure Notice - NAV-DO-TERRA.pdf
Approved	Notice of Terrorism Insurance Coverage	NAV-DO-TERRD (10/03)	10/03	Disclosure/ New Notice		0.00	TRIA Disclosure Notice - NAV-DO-TERRD.pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PORTION OF YOUR POLICY’S PREMIUM CHARGED FOR THIS COVERAGE IS: \$_____ WHICH DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

If you have any questions about this notice, please contact your agent or Broker

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YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

Please select below:

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____.
	I hereby elect to have the exclusion for terrorism coverage. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/31/2007
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Comments:

Attachment:

AR NAIC Transmittal for TRIA Disclosure Notices.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	08/31/2007
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Comments:

Attachment:

TRIA Disclosure - AR Cover Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



August 29, 007

RE: NAVIGATORS INSURANCE COMPANY
NAIC#: 510-42307 / FEIN#: 13-3138390
DIRECTORS & OFFICERS LIABILITY
NAIC CODING MATRIX FILING CODE: 17.0006
TRIA DISCLOSURE NOTICES
FORMS: NAV-DO-TERRA (10/03) AND NAV-DO-TERRD (10/03)
OUR FILE NUMBER: TRIA-F-807-AR

Dear Reviewer:

This is an informational filing consisting of our company's Notices of Terrorism Insurance Coverage NAV-DO-TERRA (10/03) and NAV-DO-TERRD (10/03). These notices disclose to the policyholder the terrorism coverage premium and the existence of the federal financial backstop as required by the Terrorism Risk Insurance Act of 2002, §103 and §105 and allow the applicant or policyholder to either accept or reject terrorism coverage. Upon your acknowledgement of these forms, we plan on utilizing them with our Directors and Officers professional liability program as well as any other program we deem appropriate.

NOTICE OF TERRORISM INSURANCE COVERAGE NAV-DO-TERRA (10/03)

This notice will be provided to the applicant or policyholder when terrorism insurance coverage is accepted as part of the policy.

NOTICE OF TERRORISM INSURANCE COVERAGE NAV-DO-TERRD (10/03)

This notice will be provided to the applicant or policyholder when he/she will not be adding terrorism insurance coverage to the policy. The applicant or policyholder's signature is required on this form.

Your acknowledgement of this submission is hereby requested and very much appreciated. Please make the effective date of this filing the date of your acknowledgement. Should you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,

Orlando Moreno
Compliance Analyst